

THE OFFICE OF THE INSPECTOR GENERAL

DMHMRSAS

SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE

SNAPSHOT INSPECTION

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INSPECTOR GENERAL

OIG REPORT # 42-01

EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at the Southern Virginia Mental Health Institute (SVMHI) in Danville, Virginia during April 16 & 17, 2001. This brief inspection focused on three areas. These were the general conditions of the facility, staffing issues and the activity of patients. The team included three consumer consultants, who primarily interviewed patients and completed a general walk-through of the facility. A primary inspection by the Office of the Inspector General was completed at this facility in May 2000. Many of the recommendations noted at that time had been addressed by the facility prior to this Snapshot. (Please refer to the Follow-up Inspection Report.)

This facility has undergone a number of changes since May 2000. A redistribution of service catchment areas resulted in a census reduction for this facility from 96 beds to the current census capacity of 72 beds. This allowed for an entire residential wing to be renovated providing increased space for the development of a treatment “mall”. This “mall” area created much needed space for the provision of the facility’s psychosocial

rehabilitation program. In addition, throughout the Fall 2000, there were discussions regarding future potential uses of this facility including the possibility of closure.

Facility: Southern Virginia Mental Health Institute

Danville, Virginia

Date: April 16 – 17, 2001

Type of Inspection: Unannounced Snapshot Inspection

Reviewers: Cathy Hill, M.Ed

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Purpose of the Inspection: To conduct a brief inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with both administrative and clinical staff. Patients were also interviewed. Documentation reviews, included but was not limited to; patient(s) medical records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of the facility.

GENERAL ENVIRONMENTAL ISSUES

Finding 1.1: The facility was clean, comfortable and well maintained. Efforts to improve the overall appearance of the facility were noted.

Background: The facility has recently completed a project of replacing the floors because of the need for asbestos removal. This project, which included tile replacement, provided for a more coordinated décor, diminishing the institutional appearance previously noted at the facility. The current configuration of residential and programming space provides for a sense of openness, yet also providing for more defined private areas. Continued efforts at renovation are planned as resources become available. These include updating the upholstery, creating private conversational areas with a different furniture

placement and the addition of plants and area rugs. The facility also plans on designating an area as a patient library as an additional way of providing private, quiet space for the patients.

The temporary unused buildings were removed from the facility in August 2000. Landscapes projects are planned for this spring. This will be a cooperative effort between the facility and the local garden clubs.

Recommendation: Continue plans for facility improvements.

Finding 1.2: Renovations were completed with limited disruption to the patients and treatment activities.

Background: The floor replacement project occurred on a unit-to-unit basis. This required not only movement among the patient population but the treatment spaces. The census of the facility had been reduced prior to the onset of the project because of a reassignment of catchments areas allowing for easier movement of the patients within the facility. An additional benefit of the census reduction project is that it allowed for the expansion of treatment spaces.

Of the ten patients interviewed, those that were present during the various stages of this renovation project reported experiencing limited disruption in their care and treatment. Ongoing communication between the patients and staff was identified as the primary reason for this smooth transition.

Recommendation: None.

Finding 1.3: Patients interviewed reported that the movement of the nurses' station has resulted in increased contact between the patients and the nursing staff.

Background: The area previously used as the nurses' station was renovated during the recent project. The large half-circular desk located in the dayroom area was removed expanding the dayroom area. The charting room and nurses' station was relocated to an area midway down the unit hallway, among both treatment team meeting rooms and the patients' bedrooms. The inspection team had some initial concerns that the current location of the nurses' station reduced staff visibility of patients' movement and activities. Observation and interviews revealed that, in fact, the opposite has occurred. Staff reportedly used this new area less frequently than before. Patients interviewed

indicated that staff were out in the hallway more resulting in increased interaction. On occasion a table is placed in the hallway so that staff can complete charting but still be available for patients.

Patients reported feeling safe within the facility and maintained that the presence of staff on the unit was one of the primary reasons for this sense of security.

Recommendation: None.

STAFFING ISSUES

Finding 2.1: Staffing patterns at the time of the inspection were consistent with CRIPA expectations.

Background: During the evening of the inspection the staffing patterns for direct care staff were as follows:

Evening		Night	
1 RN Shift Administrator (on-site)		1 RN Shift Administrator (on-site)	
Units E/F with 36 patients	3 RN	2 RN	
	4 HSCW	4 HSCW	
Unit G/H with 36 patients	3 RN	2 RN	
	5.5 HSCW	5 HSCW	

There was one patient on G unit that was on constant observation.

The observations of the team were that the staffing levels were appropriate for providing quality care for the residents. Interactions were noted to appear natural and positive. Patients reported feeling supported by staff and treated with dignity and respect.

Recommendation: Continue to maintain adequate staffing patterns.

ACTIVITY OF PATIENTS

Finding 3.1: The facility has increased the number of available activities/programs during the early evening.

Background: Both the staff and patients interviewed indicated being pleased with the increased opportunities to participate in treatment activities during the evening. One group, particularly liked and noted by patients, was entitled the Positive Image Group. This group is designed to provide patients with information on how their self-image and worldview impacts how they behave in relationship with others and their environments. This group is offered twice a week. An additional weekly group was added that offers patients an opportunity to identify their values and to determine ways to make choices that will increase the likelihood of obtaining and maintaining relationships and opportunities, which are important to the individual.

The facility made efforts at providing increased opportunities for patients and their families to interact in a group experience on the weekends but related that participation in this service was very minimal.

Recommendation: Continue to review and refine activities that meet the needs of the patient population.

Finding 3.2: Patients were engaged in appropriate evening activities.

Patients were noted to be engaging in appropriate activities. Several groups were occurring including recreational activities. Some were reading, others watching TV and several patient groups were engaged in conversation. Staff were engaged in varying degrees. Patients related that they are encouraged to actively participate in the development of their treatment plan. Most were able to identify at least one barrier to discharge and goals for treatment while in the facility.

Recommendation: Continue to provide appropriate activities for patients.